



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 17, 2007

Rose Ann Mikesell, Administrator
Rose Terrace Country Homes
P.O. Box 177
Spirit Lake, ID 83869

License #: RC-807

Dear Ms. Mikesell:

On July 19, 2007, a Fire Life Safety Survey was conducted at Rose Terrace Country Homes. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

FILE COPY

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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July 31, 2007

Rose Ann Mikesell, Administrator
Rose Terrace Country Homes
P.O. Box 177
Spirit Lake, ID 83869

Dear Ms. Mikesell:

On July 19, 2007, a Fire Life Safety Survey was conducted at Rose Terrace Country Homes. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 18, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R807	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2007
NAME OF PROVIDER OR SUPPLIER ROSE TERRACE COUNTRY HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 5672 WEST RHODE ISLAND SPIRIT LAKE, ID 83869		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 19, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TE FORM

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If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Rose Terrace Country Homes	Physical Address 5672 W. Rhode Island	Phone Number (208) 623-6154
Administrator DIANE Schwetter	City Spirit Lake Id	ZIP Code 83869
Survey Team Leader TAYLOR BARKLEY	Survey Type	Survey Date 7-19-7

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.250.15	The call system is an intercom type that rings into another residents room. The call system must be able to notify staff from residents bed, bath, and shower.	9-11-7
2	16.03.22.405.01	There is AN electrical cord in use in the office.	9-11-7
3	16.03.22.415.04	The facility has not had the annual inspection for the fire alarm system. 11-14-06	11-14-06 8-2-7

Response Required Date

8-19-7

Signature of Facility Representative

Samantha Crowley, House Manager